Oklahoma Corporation Commission Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 Rule 165: 10-3-25

1. API No.: 35119242480000

2. OTC Prod. Unit No.: 11921534500000

3. Date of Application: January 19, 2015

4. Application For (check one)

- \underline{X} A. Commingled Completion in the Wellbore (165:10-3-39)
 - B. Commingled Completion at the Surface (165: 10-3-39)
 - C. Multiple (Dual) Completion (165: 10-3-36)
 - D. Downhole Multiple Choke Assembly (165: 10-3-37)

5. Operator Information

| DEVON ENERGY PRODU | ICTION CO LP | OTC/OCC No. | 20751 | |
|-------------------------------|--|-------------|-------|--|
| | | | | |
| 333 W SHERIDAN AVE DEC 34.428 | | | | |
| OKLAHOMA CITY, OK 73102-5010 | | | | |
| Phone | 4052353611 | | | |
| Fax | 4052287518 | | | |
| Email | djacobson@dvn.com | | | |
| Phone | 4052353611 | | | |
| Fax | 4052287518 | | | |
| 6. Lease Name/Well No. | CURTIS 7-18N-1W 1WH | | | |
| 7. Location within Sec. (1 | /4 1/4 1/4 1/4) SW NW NE NE Sec. 7 Twp. 18N Rge. 1W | County PA | YNE | |

8. The Following Facts are Submitted

| Name of common source of supply | | WOODFORD | Top and bottom of pay section (perforations) | | ations) 57 | 5779 - 6807 | |
|--|--|----------------------------------|--|---|------------------|-------------------|--|
| Type of production (oil or gas) | | Oil | Method of production (flowing or art. lift) | | i ft) ari | art, lift | |
| Latest test data by zone (oil, gas, and water) Spacing Order | | O:87-G:20-W:1287 | Wellhead or bottomhole pressure | | 56 | 56 psi | |
| | | Increased Density | | Location Exception | | | |
| Order Number | Unit Size | Order Number | r Unit Size | Order Number Uni | | Unit Size | |
| | 0.40 | | 631852 | | | | |
| 619710 | 640 | | | 001002 | | | |
| 619710 Name of common source Type of production (oil c | e of supply | SYLVAN Oil | Top and bottom of pa Method of production | y section (perfora | | 08 - 7049 lift | |
| Name of common source | e of supply r gas) | | | y section (perfora | i ft) art | | |
| Name of common source Type of production (oil c | e of supply r gas) (oil, gas, and water) | Oil combined with Woodford | Method of production | y section (perfora | i ft) art | . lift psi | |
| Name of common source Type of production (oil o Latest test data by zone | e of supply r gas) (oil, gas, and water) | Oil combined with Woodford | Method of production Wellhead or bottomh | y section (perfora (flowing or art. li ble pressure | i ft) ari | . lift psi | |

| Name of common source of | of supply | WOODFORD | Top and bottom of pay se | ection (perforations) | 7050 - 10560 |
|-----------------------------|---------------------|---------------------------------------|---------------------------|-----------------------|--------------|
| Type of production (oil or | gas) | Oil | Method of production (flo | wing or art. lift) | art. lift |
| Latest test data by zone (o | il, gas, and water) | Combined with Woodford & Sylvan | Wellhead or bottomhole p | pressure | |
| Spacing Ore | ler | Increa | ased Density | Location | Exception |
| Order Number | Unit Size | Order Numb | er Unit Size | Order Number | Unit Size |
| | 1 | | | | |

If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed? Yes X No

9. List all the operators with mailing addresses within 1/2 mile, producing from the above listed zones.

| 10. The operators listed above have been notified and furnished a copy of this application. If no, an affidavit of mailing must be | Yes | X No | |
|--|-----|------|--|
| filed no later than five (5) days after submission of this application. | | | |

11. Classification of well (see OAC 165:10-13-2): Oil

12. Attach the Folowing:

| A. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked. | | | |
|--|-----|------|--|
| B. Diagrammatic sketch of the proposed completion of the well. | | | |
| C. Plat showing the location of all wells within 1/2 mile producing from the zones listed above. | | | |
| D. If 4B, 4C, or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test. | | | |
| E. If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed? | Yes | X No | |
| | | | |

I herby certify that I am authorized to submit this application which was prepared by me or under my supervision. The facts and proposals made herein are true, correct, and complete to the best of my knowledge and belief.

| Aletha Dewbre aletha.dewbre@dvn.com | Regulatory Specialist | 405-552-6571 |
|-------------------------------------|-----------------------|---------------|
| Signature | Title | Phone (AC/NO) |